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20995 7590 08/25/2004

KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
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IRVINE, CA 92614

09/14/2004 CNGUYEN1 00000005 10020507

01 FC:2501 665.00 OP
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,507	12/11/2001	Gregory H. Lambrecht	INTRIN.001CP4	1070

TITLE OF INVENTION: INTERVERTEBRAL DIAGNOSTIC AND MANIPULATION DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/26/2004

EXAMINER	ART UNIT	CLASS-S UBCLASS
NGUYEN, VI X	3731	606-191000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Knobbe, Martens,
Olson & Bear, LLP;
3 Sean Kavanaugh, Esq.
4. Intrinsic Therapeutics, Inc.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Intrinsic Therapeutics, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

30 Commerce Way
 Woburn, MA 01801

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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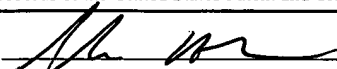
- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Typed or printed name Salima A. Merani

Date

September 9, 2004

Recognized Under
 Registration No. 37 CFR §10.9(b)

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